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This report is published by Medical Assistance Administration, the State of Washington Department of Social and Health Services (DSHS) for DSHS staff, county committees, Healthy Options contracted health plans, FFS providers, client advocates, and other interested parties.

ABOUT THE SURVEY AND ITS RESULTS

PURPOSE

The 1998 Medicaid client survey was designed to assess the satisfaction of program beneficiaries with the health care and services they received through the Healthy Options (HO) and Fee-for-Service (FFS) programs.

- The survey was sponsored by the state of Washington Medical Assistance Administration (MAA) to find out what members think about how the HO health plans and FFS providers are delivering health care and services.
- The survey was designed to help the HO plan members select the best health care plan to meet their needs.
- For the first time, the survey was adapted for clients who are not in HO to understand how they feel about the health care services they receive through the FFS program.
- The survey focuses on members' experiences and medical care during **the first 6 months of 1998**. A six month period makes the survey results more meaningful to purchasers and members who use them to compare plans, and to health plan staff who use them to improve care and services for members.
- The results will be used by MAA to evaluate the quality of health care and services in both the HO and FFS programs.

QUESTIONNAIRE

The survey uses the most recent national standardized questionnaires, Consumer Assessment of Health Plans:

2.0 CAHPS

Health Care Quality Information
From the Consumer Perspective

- CAHPS questionnaires were developed and extensively tested by the CAHPS Consortium, a group of national survey experts associated with Harvard Medical School, RAND, and the Research Triangle Institute.
- CAHPS is a five-year collaborative project sponsored by the U.S. Agency for Health Care Policy and Research (AHCPR) to help consumers identify the best health care plans and services for their needs.
- The Medicaid core questionnaire set developed by CAHPS includes separate versions for adults and children. It consists of approximately 65 questions covering topics such as access to care, quality of care, communication between doctors and their patients, health plans' customer service, and overall satisfaction with health plans.

- Overall satisfaction ratings are based on a scale from 0 to 10, with 0 being the "worst possible" and 10 being the "best possible". Some questions have a yes/no format. Others ask the consumer to rate a health care issue as "big problem", "small problem", or "not a problem". Still others ask about the frequency of occurrences with response choices "always", "usually", "sometimes", or "never".

- The survey includes supplemental questions specific to children and adults with chronic conditions or disabilities.

WHO CONDUCTED THE SURVEY?

The survey was conducted by an independent, outside organization, not associated with any health plan.

- MAA contracted with the Oregon Medical Professional Review Organization (OMPRO), an independent external review organization, to conduct the survey.

- OMPRO administered the survey, analyzed the data, and prepared most of the survey results for this report.

SAMPLING METHODOLOGY

The HO samples used for the survey were selected randomly from each health plan. The FFS samples were randomly selected from the SSI and GAU programs in Medicaid.

- Separate samples of adults and children from each of the 12 HO plans were selected. Responses for 2 plans who merged (Group Health Cooperative and Group Health Northwest) were later combined by randomly selecting half from each sample. One plan (Providence Health Care) is not reported here since MAA no longer contracts with it. The adult samples consisted of members 18 years or older at the time of the survey; the sample for children consisted of members who were 17 years or younger.

- Separate samples of adults and children participating in Social Supplemental Income (SSI) and General Assistance Unemployable (GAU) programs were also selected for the survey.

- Responses to children's surveys were provided by a parent or other adult.

- To participate in the survey, HO members must have been in their plans for at least 6 consecutive months. FFS clients must have been on Medicaid for 6 consecutive months and not enrolled in a HO health plan during that period.

HEALTH PLANS IN THIS SURVEY

MAA surveyed members from all 12 contracted HO plans.

Premera Blue Cross
Community Health Plan of Washington
Group Health Cooperative of Puget Sound
Group Health Northwest
Kaiser Foundation Health Plan of Northwest
Kitsap Physicians Service
Aetna US Healthcare
Providence Health Plan
QualMed Health Plan
Regence BlueShield
Southwest Washington Medical Direct (CUP)
Northwest Medical Bureau

SURVEY METHODOLOGY

The survey was administered in English by mail and then followed by telephone interviews. Participation was voluntary and confidential.

- A total of 23,145 HO and 3,643 FFS clients were surveyed. All those in the sample who did not return the mail surveys were called and asked to respond to the survey by telephone.

- All respondents were told either in a letter or by telephone interviewers that their answers would be private, that they would not be identified in any reports, and that their benefits would not be affected whether or not they chose to respond to the survey.

- A total of 10,591 surveys were completed (about 420 adults and 480 children from each plan).

- The response rate for HO and FFS surveys was 37.2 percent and 44.4 percent, respectively. The total HO and FFS combined response rate was about 41 percent.

DATA ANALYSIS

One of the fundamental principles of CAHPS has been to develop the survey questionnaires and reporting products in tandem. The CAHPS Reporting Kit provides specific instructions for data analysis. To facilitate accuracy and consistency, the CAHPS development team designed a widely used statistical software program to use in analyzing and reporting the data.

Portions of the following sections are reprinted or paraphrased, with permission, from the CAHPS™ 1.0 Survey and Reporting Kit, produced by Westat, which is sponsored by the Agency for Health Care Policy and Research, AHCPR Publication No. 97-0063, December 1997.

Responses to the items in the CAHPS questionnaires are grouped in three categories, each of which requires a slightly different type of data analysis: overall ratings, single items, and composites. The software program computes response distributions and plan averages for these categories. The data are presented in bar graphs to show distribution of responses and in summary comparison charts with star symbols to show differences among plans.

Overall Ratings

The presentation of the survey results begins with respondents' overall assessments in four areas, using a scale from 0 to 10:

- the health plan;
- the quality of the care they receive;
- their personal doctor; and
- specialists.

Composites

When a survey covers many topics, a comprehensive report including results for each question would be overwhelming to readers. To keep the reporting of CAHPS survey results comprehensive, yet of reasonable length, CAHPS developed and tested groupings of related questionnaire items, termed "composites". Testing during the development of CAHPS showed that consumers found these composites easy to understand and were satisfied with the level of detail they provided. The 1998 survey composites covered the following areas:

- getting needed care
- getting care without long waits
- how well doctors communicate
- courtesy, respect, and helpfulness of office staff
- health plan customer service and paperwork

Single Items

When a topic does not fit within a composite, CAHPS results are presented as single items. Topics such as whether it is easy for those enrolled in plans to get referrals to specialists, or whether clients has problems with prescription medicine are examples of single items.

Comparison Star Charts

The star charts show whether or not plans differ significantly from the average for all plans. Stars are assigned to show a relative value for each plan's performance, i.e., how does one plan perform in relation to another plan. These comparison charts reflect statistically significant differences among plans. The stars are derived by assigning a numeric value to answers given by respondents and then calculating the averages for each plan.

Stars are assigned in the comparison charts to reflect differences among health plans. A 2-step method was used. First, the CAHPS program tests to determine if any of the plan means significantly differ (F-test). Preliminary testing offers some protection against assigning a plan one or three stars due to random fluctuations in the sample when there may truly be no meaningful plan differences. If no differences were indicated by the overall F-test, those results were not presented. When the F-test indicated differences, the program further tested to determine if the mean for each plan was different from the overall mean for all plans in the analysis (t-test). This second analysis was used to apply a star rating to each plan.

HOW DOES THIS REPORT SHOW THE SURVEY RESULTS?

This report shows the survey results in the following ways:

- Separate reports for adults and children
- Separate reports for HO and FFS
- Results from each HO plan are reported and compared across the 10 HO plans and with the "MCO Avg", the combined average of all HO health plans.
- Aggregate summaries are reported for FFS. Clients in SSI and GAU programs are combined to produce the adult FFS survey results.
- Results are not reported for a health plan if it has *fewer than 85* responses to a measure.

Overall Ratings

The report first shows a set of charts that compares the overall ratings for each health plan.

- Overall ratings are given for the following items, using a scale from "0" to "10":
  - Personal doctor or nurse
  - Specialists
  - Health care
  - The health plan

Composite Measures

Bar graphs and star symbols are used to show how the plans compare on each of the five composite measures:

- Getting care that is needed
- Getting care without long waits
- How well doctors communicate with patients
- Courtesy, respect, and helpfulness of office staff
- Health plan customer service and paperwork

- A set of bar graphs – one for each survey topic - shows plan differences on the five survey topics and tells which survey questions make up each topic. Next to the plan name is the star symbol that shows which health plans had better or lower scores than the combined average of all 10 plans.
- A separate section uses star symbols only to explain plan differences on the five composite measures. These are the same star ratings shown in the section of bar graphs.

Single Item Comparisons

The actual scores for each health plan on a number of single survey questions are shown.

- Single questions include:
  - How easy it is to get referrals to specialists;
  - How easy it is to find a personal doctor patients are happy with;

- Days waiting for acute care;
- Problems getting prescription medicine;
- Single survey questions that make up the composite measures.

- Bar graphs – one for each survey question - show plan differences on survey questions.

ABOUT THE CLIENT BROCHURE

For the first time, a client brochure was developed and sent to new HO enrollees in 1999.

- The brochure was tested through interviews with HO members.

- The brochure is county-specific and user-friendly.

- The brochure has been translated into 7 languages and sent to newly eligible HO members.

- The brochure reports the plan-specific survey results on the five "composite" measures:

  - Getting care that is needed
  - Getting care without long waits
  - How well doctors communicate with patients
  - Courtesy, respect, and helpfulness of office staff
  - Health plan customer service and paperwork

- A study is under way to collect feedback about the brochure from selected HO members.

ABOUT THE STAR SYMBOLS

- Since this survey is based on responses from a *sample* of (not all) eligible HO members from each health plan, the results have a "margin of error". If differences in plan scores fall within the "margin of error", the differences are not real, but a factor of sampling variation.

- The stars show which health plan scores are significantly better or worse than the survey average (all plans combined).

  - If a plan score is significantly higher than the survey average, it gets three stars.

  - If a plan score is significantly lower than the survey average, it gets one star.

  - Two stars indicate the plan is neither higher nor lower than the average score for all plans combined.

- For larger sample sizes, smaller differences are needed for the plan to be statistically significant from the survey average. The reverse is also true.

- The plan comparisons shown by the stars take into account the number of responses to the survey questions. The fewer the responses to a question, the bigger the difference is needed to be statistically significant from the survey average.

- The plan comparisons shown by the stars include adjustments so that differences in **age** and **health status** of respondents do not affect the plan comparisons.

All plan comparisons in this report use a significance level of p<=.05.

Use of this statistical method means that there is one chance in 20 that a "better than average" or "below average" result was by chance or sample variability rather than because there is a real difference. In general, the bigger the sample, the lower the margin of error – and the more confidence that the responses from the sample are similar to the results that would have been obtained if every person in the eligible population had been surveyed.

It takes a bigger difference to be statistically significant for some topics than others

- In this survey, the margin of error differs from topic to topic, because the number of responses to each question differs.

- Most survey questions are about specific experiences respondents have had. Respondents did not need to answer questions that asked about experiences they did not have in the first 6 months of 1998 (the survey reference period). This means that the number of responses can differ substantially from question to question.

  For example: Since most people saw their doctors in the first 6 months of 1998, the number of answers to the questions about how well doctors communicated is quite high. The number of answers to the question that asked "how much of a problem, if any, was it to see a specialist you needed to see?" is much smaller, because many people did not need to see specialists in the first 6 months of 1998.

  In this example, the margin of error for the survey question of referrals to see specialists is larger than the margin of error for the question about doctor's communication with patients. For a health plan to be statistically significant from the survey average, it requires a bigger difference in percentages for the topic of referral services than the topic on doctor's communication.

CAUTIONS TO INTERPRETING THE SURVEY RESULTS

While it is natural to want to compare results between HO and FFS clients when similar questions are being asked, it is important to keep in mind that the two groups of clients are very different.

- HO and FFS are both Medicaid programs, but they are very different health care delivery systems. HO provides clients a "medical home" and an assigned primary care provider who refers clients to specialists. MAA does not obligate providers to see FFS clients and clients may be able to see specialists without a referral. In the FFS system, decisions about the authorization of care are made by the provider, the client, and the Medical Assistance Administration (MAA), not by a health plan

- Client characteristics between the two groups also differ in important ways: health status, age, sex, and health care and services utilization, etc. Some of these differences have been shown to affect client's experiences with and perceptions about health care and health care services. The following table presents a comparison of client characteristics between HO and FFS. The results are based on the current client satisfaction survey.

A comparison of sample characteristics between HO and FFS

Sample Characteristics	HO	FFS
Self-reported health status: "**Poor**" (Adult sample)	5.6%	22.7%
Self-reported health status: "**Excellent**" (Adult sample)	12.4%	4.6%
Self-reported health status: "**Excellent**" (Child sample)	48.4%	15.7%
Women (Adult sample)	89.4%	57%
Between 18 and 34 years old (Adult sample)	61%	21.3%
Between 45 and 64 years old (Adult sample)	8.8%	48.9%
"**Never**" been to Emergency Room in the first 6 months of 1998 (Child sample)	83.3%	73.4%
"**Never**" been to Emergency Room in the first 6 months of 1998 (Adult Sample)	75.7%	64.9%
Visited PCP **4 or more times** in the first 6 months of 1998 (Child sample)	15.9%	28.4%
Visited PCP **4 or more times** in the first 6 months of 1998 (Adult sample)	37%	46%